No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26065

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5017 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY: Andrew 0020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 6mi EAST Savannah
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ford nursing home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 6mi EAST SAVANNAH
d. STREET ADDRESS (If rural, give location): 0020

3. NAME OF DECEASED (Type or Print): a. (First) Jacob b. (Middle) c. (Last) ZAHLAR
4. DATE OF DEATH (Month) (Day) (Year): 9-3-1951
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 1871
9. AGE (In years last birthday): 80 — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Switzerland
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Jacob ZAHLAR
13b. MOTHER'S MAIDEN NAME: Kate Duby
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Sam Zahlar — ADDRESS: St Joe Mo R.R.D2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio-sclerosis C — unknown - yr

DUE TO (c) Hypertension — yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-18, 1950, *to* 9-3, 1951, *that I last saw the deceased alive on* 8-31, 1951, *and that death occurred at* 10:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Delbert B. Kelley MD (Degree or title)
23b. ADDRESS: Savannah, Mo
23c. DATE SIGNED: 9-4-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-7-51
24c. NAME OF CEMETERY OR CREMATORY: Savannah
24d. LOCATION (City, town, or county) (State): Savannah Mo

DATE REC'D BY LOCAL REG.: 9-7-51
REGISTRAR'S SIGNATURE: Lillian Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Breit Funeral Home — ADDRESS: Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
11
DISTRICT
HEALTH OFFICE
CAMERON, MO.

MAR 24 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.